



MEN WHO HAVE SEX WITH MEN

Unfortunately, syphilis cases among gay and bisexual men of all races pose new challenges to efforts to eliminate the disease in the United States. On the whole, P&S syphilis rates among U.S. men rose by about 46 percent between 2000 and 2002 (from 2.6 to 3.7 cases/100,000 people), an increase that coincided with outbreaks among gay and bisexual men in several cities, including Los Angeles, Seattle, San Francisco, New York City, Chicago, and Miami Beach, among others, reflecting an increase in risky behavior in this population.

The rate of P&S syphilis increased 13.5% among men between 2002 and 2003.

CDC and its partners are actively looking into the factors that have made some gay and bisexual men particularly vulnerable to syphilis. They are working with community organizations and local health departments on research and health interventions to understand current trends and to avoid future outbreaks.

LET'S SEE TOGETHER.

Together, we can help eliminate the problem of syphilis in our communities. To fight syphilis, the SEE initiative needs the support of health care providers, members of community-based organizations, religious leaders, policy makers, and activists.

TAKING STEPS TO ELIMINATE SYPHILIS IN YOUR COMMUNITY.

Community and religious leaders and organizations can play a role in eliminating syphilis by making syphilis education a part of community health programs; coordinating syphilis elimination activities within their organization; educating policy makers and opinion leaders about the importance of syphilis elimination; involving health care providers in syphilis elimination activities; or assisting their local health department in SEE outreach activities.

If you are a health care provider, you can help by increasing screening, treatment, reporting, counseling, and prevention efforts. Information on syphilis prevention methods (or strategies) can include abstinence, monogamy, i.e., being faithful to a single sex partner, or using condoms consistently and correctly. These approaches can avoid risk (abstinence) or effectively reduce risk for getting syphilis (monogamy, consistent and correct condom use).

SYPHILIS ELIMINATION WILL ONLY WORK IF YOU AND OTHERS LIKE YOU ARE INVOLVED. WE CANNOT LET THIS CHANCE SLIP AWAY.

For more information, visit www.cdc.gov/std/see/.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION



TOGETHER
WE CAN
SEE
SYPHILIS
ELIMINATION EFFORT

A community-based effort to eliminate syphilis in the United States.

SYPHILIS AND AFFECTED COMMUNITIES





WHAT IS THE SYPHILIS ELIMINATION EFFORT (SEE)?

In 1999, the Centers for Disease Control and Prevention, (CDC) together with other federal, state, and local partners, initiated the Syphilis Elimination Effort (SEE), a national initiative bringing health care providers, members of community-based organizations, religious leaders, policy makers, and activists together to eliminate syphilis in the United States. The goals of this initiative are to reduce the number of primary and secondary (P&S) syphilis cases in the United States to 1,000 or fewer – 0.4 cases/100,000 people – and to increase the number of syphilis-free counties to at least 90 percent. The National Plan outlines five strategies to accomplish these goals: increase monitoring and tracking of the disease, strengthen community and partnership involvement, rapidly respond to outbreaks, raise community health awareness, and expand clinical and laboratory services.

WHAT IS THE OVERALL RATE OF SYPHILIS IN THE UNITED STATES?

P&S syphilis rates in the United States decreased during the 1990s and reached their lowest ever in 2000. However, these rates have begun rising again, increasing slightly in 2001 and more substantially in 2002. In 2003, reported P&S syphilis cases increased 4.6 percent. Because syphilis tends to rebound in 7- to 10-year cycles, we must seize this opportunity to eliminate syphilis now while rates are still relatively low.



WHERE IS SYPHILIS CONCENTRATED?

Currently, most cases of syphilis are concentrated in the South; in disadvantaged and minority communities where access to health care is limited; and in urban areas with large communities of men who have sex with men (MSM). In 2003, 18 counties and one city accounted for half of the total number of reported P&S syphilis cases (see chart). The South continues to have the largest portion of syphilis cases.

WHO IS MOST AFFECTED BY SYPHILIS IN THE UNITED STATES?

AFRICAN AMERICANS AND LATINOS

While race or ethnicity itself is not a risk factor for syphilis and other sexually transmitted diseases (STDs), communities burdened by poverty, racism, drug use, unemployment, low rates of health insurance, and inadequate access to health care are plagued with increased cases of syphilis. Also, prevention outreach efforts for STDs may not yet be a high priority in some communities.

When compared to other racial groups, African Americans and Latinos are disproportionately affected by syphilis. In 2003, the P&S syphilis rate among African Americans (7.8 cases/100,000 people) was 5.2 times greater than the rate reported among whites (1.5 cases/100,000 people). The P&S syphilis rate among Hispanics (3 cases/100,000 people) was twice that reported among non-Hispanic whites. Moreover, despite declines in congenital syphilis (syphilis passed from mother to child) rates among the major racial/ethnic groups, this disease remains a problem that disproportionately affects African American and Hispanic infants. In 2003, the rate of congenital syphilis was 26 times higher among African American infants (33.9 cases/100,000 live births), and 14 times higher among Hispanic infants (18.1 cases/100,000 live births), compared to non-Hispanic whites (1.3 cases/100,000 live births).

PRIMARY AND SECONDARY SYPHILIS – COUNTIES AND INDEPENDENT CITIES BY NUMBER OF REPORTED CASES: UNITED STATES, 2003.* Centers for Disease Control and Prevention (CDC)

Rank [†]	County/Independent City	Cases	Rate per 100,000 people
1	Los Angeles County, CA	523	5.3
2	San Francisco County, CA	332	43.5
3	Cook County, IL	302	5.6
4	Fulton County, GA	298	36.1
5	New York County, NY	273	17.6
6	Wayne County, MI	205	10.0
7	Harris County, TX	196	5.5
8	Dade County, FL	194	8.3
9	Broward County, FL	179	10.5
10	Dallas County, TX	165	7.2
11	Baltimore (City), MD	153	24.0
12	Maricopa County, AZ	132	4.0
13	Franklin County, OH	116	10.7
14	Kings County, NY	114	4.6
15	San Diego County, CA	111	3.8
16	DeKalb County, GA	108	16.0
17	Philadelphia County, PA	98	6.6
18	Essex County, NJ	76	9.5
19	Shelby County, TN	76	8.4

* Accounting for 50% of reported primary and secondary syphilis cases.

† Counties were ranked in descending order by number of cases.

While this is a great health disparity, progress is being made. During 2002-2003, the P&S syphilis rate declined 27.3% among women. The rate of P&S syphilis among African Americans declined from 9.5 to 7.8 cases/100,000 people during the same time period. Still, there is much work to be done. By working together, we can make our communities healthier now and in the future.